

License No. \_\_\_\_\_

Date Received \_\_\_\_\_

Amt \_\_\_\_\_ Ck. No. \_\_\_\_\_

(Office Use Only)

## APPLICATION FOR APIARY LICENSE

### DEPARTMENT OF AGRICULTURE CONSERVATION & FORESTRY

Division of Animal & Plant Health

28 State House Station

Augusta, Maine 04333

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Are you interested in being called to collect swarms in your  
County of Residence \_\_\_\_\_ area? (Yes) or (No)

Email address: \_\_\_\_\_

In accordance with Title 7, MRSA, Section 2701, I hereby report ownership of \_\_\_\_\_ colonies of bees in my possession on **June 15, 2014**.

No.Cols.	County	City or Town	Address	Name of Property Owner (if different from above)

Total \_\_\_\_\_

**Calculation of License Fee:** The fee schedule is found on the back of this page, the minimum registration is \$2.00. Make check or money order payable to: "**Treasurer, State of Maine**", and return with form to the above address.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Fee Enclosed \_\_\_\_\_

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**Crop Reporting Service for 2013**  
(Supplying this information is voluntary)

No. of Colonies \_\_\_\_\_ Total pounds of beeswax \_\_\_\_\_

Total pounds of honey \_\_\_\_\_ Avg. obtained per pound of beeswax \_\_\_\_\_

Avg. price obtained \_\_\_\_\_ No. of colonies rented for pollination \_\_\_\_\_

Avg. price obtained for pollination colony \_\_\_\_\_

No. of hives lost past winter \_\_\_\_\_

## **FEE SCHEDULE**

<b><u>Number of Colonies</u></b>	<b><u>Registration Fee</u></b>
1- 5	\$ 2.00
6- 10	5.00
11- 40	12.00
41- 70	20.00
71- 100	25.00
101- 200	40.00
201- 300	60.00
301- 400	75.00
401- 500	90.00
501- 600	105.00
601- 700	120.00
701- 800	135.00
801- 900	150.00
901-1000	165.00
1001-1500	195.00
1501-2000	230.00
2001-3000	330.00
3001-4000	425.00
4001-5000	450.00
5001-6000	470.00
6001-7000	490.00
7000- +	500.00